



REZONING APPLICATION

Clay County Planning & Zoning

Fees: (Non-Refundable)

AG, R-1, R-5, OP = \$350

RU, R-SD, RSDM = \$450

C-1, C-2, I-1, I-2 = \$525

Rezoning \$

Special Deposit \$

Legal Notice \$ 80.00

Adjoiners:

Cert. Rate* _____ X # of Adj. _____ = \$

Overlay District (\$100.00)

☐ PUD ☐ CD ☐ POD \$**TOTAL:** \$**Contact:** _____**Address:** _____**Telephone:** H) _____

B) _____

FAX: _____**E-Mail:** _____*NOTE: The Fee Total must accompany this application, by check or money order payable to the "Clay County Treasurer"***Request:****Present Zoning:** _____**Requested Zoning:** _____**Name of Subdivision:** _____**Present Use of Subject Property:** _____**Desired Use of Subject Property:** _____**Time Schedule for Development:** _____**Address of Property to be Rezoned:** _____*(Legal Description of property to be subdivided must be provided in both paper & electronic form)***Total Acreage:** _____**Acreage to be Rezoned:** _____**Number of Lots:** _____*(Attach Owner's Authorization if Applicant is different from Owner. If Owner is a Corporation, Applicant or person signing Owner's Authorization must be an officer of corporation and must attach certification of corporate office held, to this application.)***Applicant's Name:** _____**Applicant's Address:** _____**Applicant's Telephone:** _____

H) _____

B) _____

C) _____

F) _____

Property Owner's Name: _____**Property Owner's Address:** _____**Property Owner's Telephone:** _____

H) _____

B) _____

C) _____

F) _____

Surveyor's/Land Planner's Name: _____**Surveyor's/Land Planner's Address:** _____**Surveyor's/Land Planner's Telephone:** _____

H) _____

B) _____

C) _____

F) _____

*All required items must be submitted with this application, or the application may be rejected
(see INFORMATION ABOUT PRELIMINARY PLATS, FINAL PLATS, AND REZONINGS.)***I hereby affirm that the above statements and representations are true and correct.****Applicant's Signature:** _____**Date:** _____**OFFICE USE ONLY:**

Sec: _____ Twn: _____ Rge: _____ Parcel#: _____

Legal: _____ Adjoiner: _____ Health: _____ Water: _____ Hwy: _____ MoDOT: _____ OwnAuth: _____

Fire: _____ School: _____ City: _____ Other: _____